



Local Public Health Governance Performance Assessment

Report of Results

Sample Report

10/31/2007

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Local Public Health Governance Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health Governance Assessment (OMB Control number 0920-0580, expiration date: September 30, 2013). Through the assessment process and the use of this report, responding boards of health gain a better understanding of their roles and how they can better strengthen their ability for overseeing public health within the community.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Governance Instrument, each EPHS includes one model standard that describes the governance and oversight roles and activities. Each model standard is followed by assessment questions that serve as measures of performance. The board's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/nphpsp/conducting.html>.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the board of health.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Governing entities may choose to complete one optional questionnaire which asks about priority of each model standard to the board of health. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need

improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing board of health and local public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

The assessment results can drive improvement planning within the board of health and local health department, as well as within the broader public health system. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Governance or Local Instruments can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

The following tips may be helpful when initially reviewing the results, or preparing to present the results to the full board of health or other performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local board of health's greatest strengths and weaknesses.

Review the range of scores within each Essential Service/model standard

The Essential Service / model standard score is an average of the stem question scores for that standard. If there is great range or difference in scores, focusing attention on the questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, boards of health should refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local board of health's or local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP Local Public Health System Assessment data within the context of other community issues. In the MAPP process, users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic

issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating questionnaire results

Sites may choose to complete an optional questionnaire which asks about priority of each model standard to the board of health. This supplemental priority questionnaire, should guide sites in considering their performance scores in relationship to their own board's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement and board education activities resulting from the assessment process.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems and public health governing entities. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger boards of health and public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS	Score
1 Monitor Health Status To Identify Community Health Problems	83
2 Diagnose And Investigate Health Problems and Health Hazards	94
3 Inform, Educate, And Empower People about Health Issues	92
4 Mobilize Community Partnerships to Identify and Solve Health Problems	95
5 Develop Policies and Plans that Support Individual and Community Health Efforts	95
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	89
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	84
8 Assure a Competent Public and Personal Health Care Workforce	92
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	83
10 Research for New Insights and Innovative Solutions to Health Problems	75
Overall Performance Score	88

Figure 1: Summary of EPHS performance scores and overall score (with range)

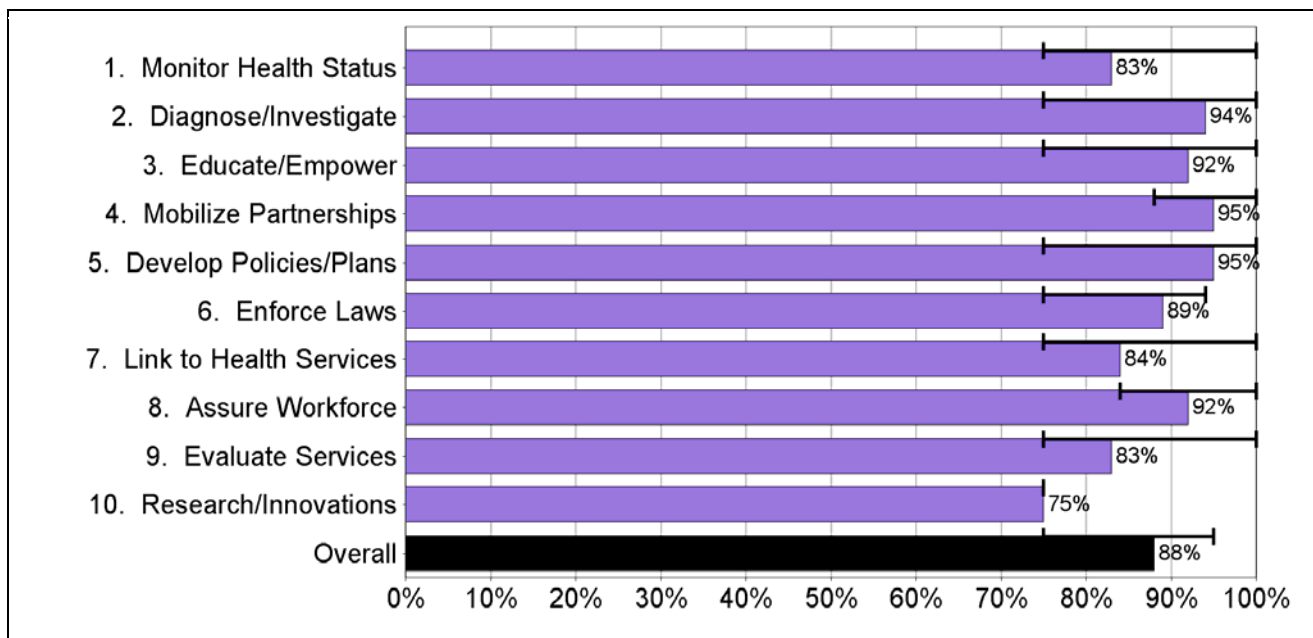


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service and an overall score for the average performance level for all 10 Essential Services. The range bars show the minimum and maximum value of responses within the Essential Service and overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

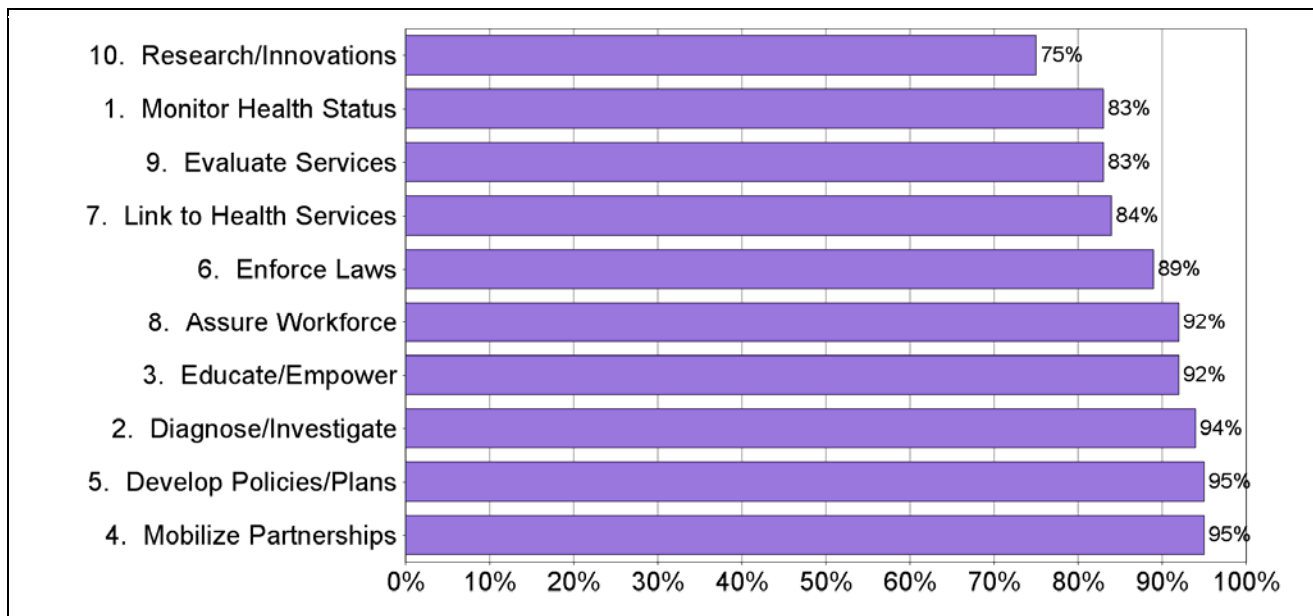


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

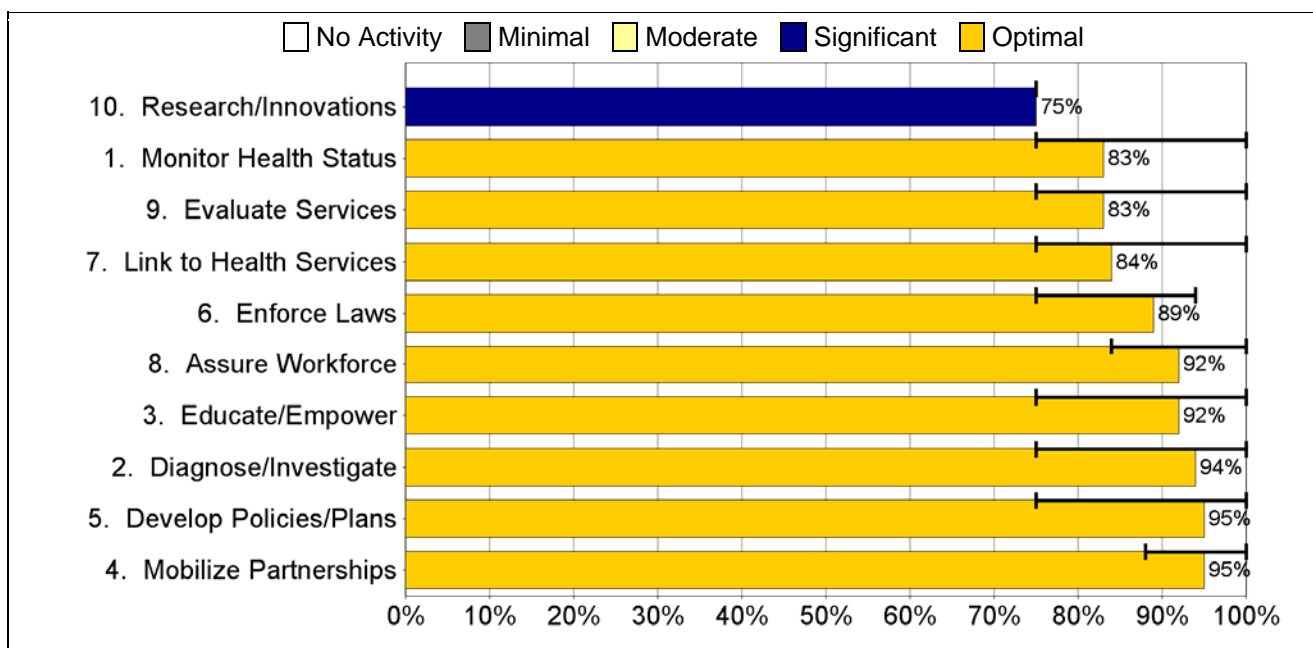


Figure 2: (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3: (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4: (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the board perform on specific areas of each Essential Service?

Figure 4: Performance scores for questions within each model standard/Essential Service

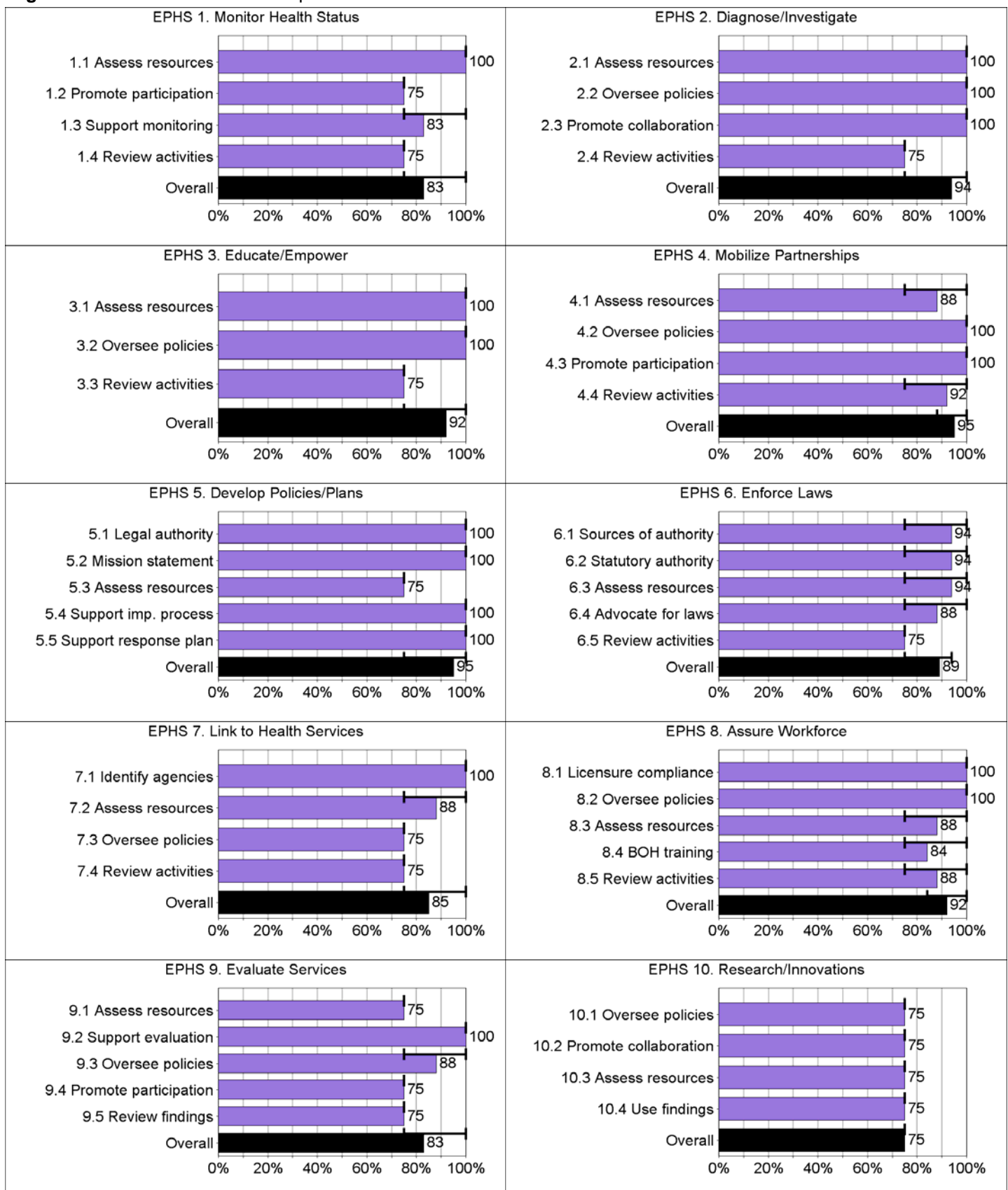


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and stem question

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	83
1.1 Assessment of resources for community health status monitoring	100
1.2 Promotion of community participation in collecting, analyzing, and disseminating community health status data	75
1.3 Support activities for effective health status monitoring	83
1.4 Review of health status monitoring activities	75
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	94
2.1 Assessment of resources for diagnosis and investigation of health threats	100
2.2 Policies that support diagnosis and investigation of health threats	100
2.3 Promote collaboration regarding issues of diagnosis and investigation of health threats	100
2.4 Review of laboratory services, infectious disease epidemiologic programs, and public health surveillance and response capacity	75
EPHS 3. Inform, Educate, And Empower People about Health Issues	92
3.1 Assessment of resources for community health education and promotion programs	100
3.2 Policies in support of health education and promotion programs	100
3.3 Review of public health education and promotion programs	75
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	95
4.1 Assessment of resources for constituency development and partnership building	88
4.2 Policies in support of public health constituency development or partnership building	100
4.3 Recognition / encouragement of community participation	100
4.4 Review of public health constituency development and partnership building activities	92
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	95
5.1 Documentation of legal authority	100
5.2 Mission statement	100
5.3 Assessment of resources and organizational support for public health plans and policies	75
5.4 Support of a community health improvement process	100
5.5 Support establishment of all-hazards emergency response plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	89
6.1 Know source(s) of authority regarding laws, rules, and regulations	94
6.2 Statutory authority to enact laws, rules, and regulations	94
6.3 Assessment of resources for inspection and enforcement activities	94
6.4 Advocacy for laws and regulations that protect health and ensure safety	88
6.5 Review of laws, rules, and regulations designed to protect health	75

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	84
7.1 Identification of responsible agencies for coordination, outreach and linkage	100
7.2 Assessment of resources to facilitate access to services	88
7.3 Policies supporting resources for outreach and linkage to personal health services	75
7.4 Review of outreach efforts and linkage to personal health services	75
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	92
8.1 Compliance with licensure and credentialing requirements	100
8.2 Policies supporting public health workforce	100
8.3 Assessment of resources for workforce training, leadership development, or continuing education	88
8.4 Access to continuing training and education for board members	84
8.5 Review efforts to strengthen the public health workforce	88
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	83
9.1 Assessment for resources to support evaluation	75
9.2 Evaluation plan for personal and population-based services	100
9.3 Policies supporting evaluation activities	88
9.4 Promote participation in evaluation activities	75
9.5 Review evaluation findings	75
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	75
10.1 Policies to foster and reward innovation	75
10.2 Encourage collaboration for community-based research	75
10.3 Assessment of resources for research and identification of best practices	75
10.4 Encourage use of research findings and best practices	75

III. Overall, how well is the board achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

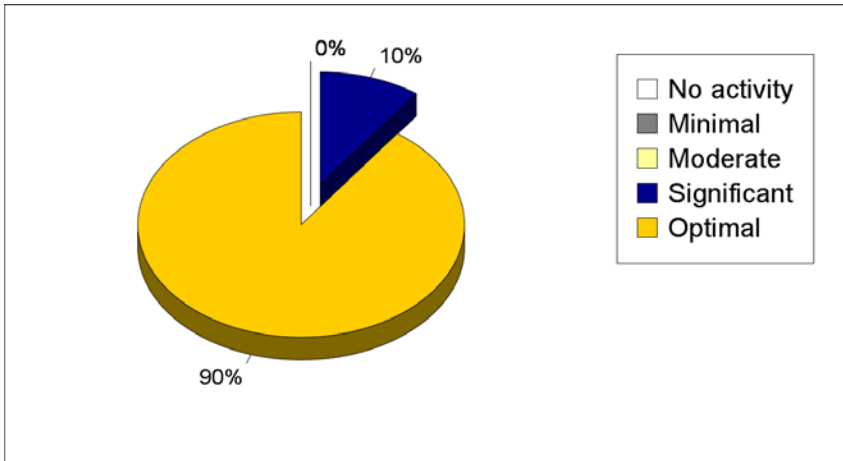


Figure 5 displays the percentage of the system's Essential Services (or model standards) scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of all questions scored in each level of activity

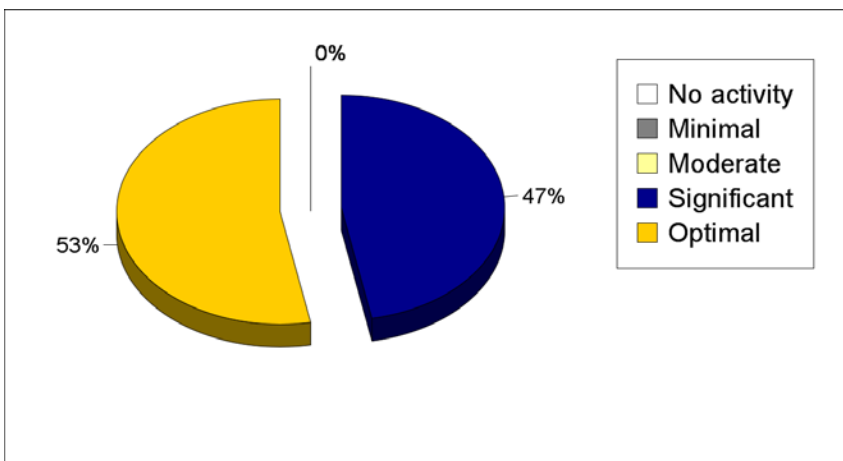


Figure 6 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figure 5**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Table 3 shows priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and/or model standards, arranged under the four quadrants in **Figure 7**, which follow the table. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Model Standard by priority rating and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1. Oversight for Community Health Status Monitoring	7	83 (Optimal)
7. Oversight for Public Health Outreach and Linkage to Personal Health Services	8	84 (Optimal)
9. Oversight and Evaluation for Personal and Population-based Health Services	9	83 (Optimal)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
4. Oversight for Constituency Development and Partnership Building	10	95 (Optimal)
6. Oversight of Enforcement of Public Health Laws and Regulations	9	89 (Optimal)
8. Oversight of Public Health Workforce Issues	6	92 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
2. Oversight for Public Health Surveillance and Response	4	94 (Optimal)
3. Oversight of Public Health Information, Education, and Empowerment Activities	4	92 (Optimal)
5. Oversight of Public Health Planning and Policy Development	2	95 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
10. Oversight of Public Health Innovation and Research	2	75 (Significant)

Figure 7 (below) displays Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.

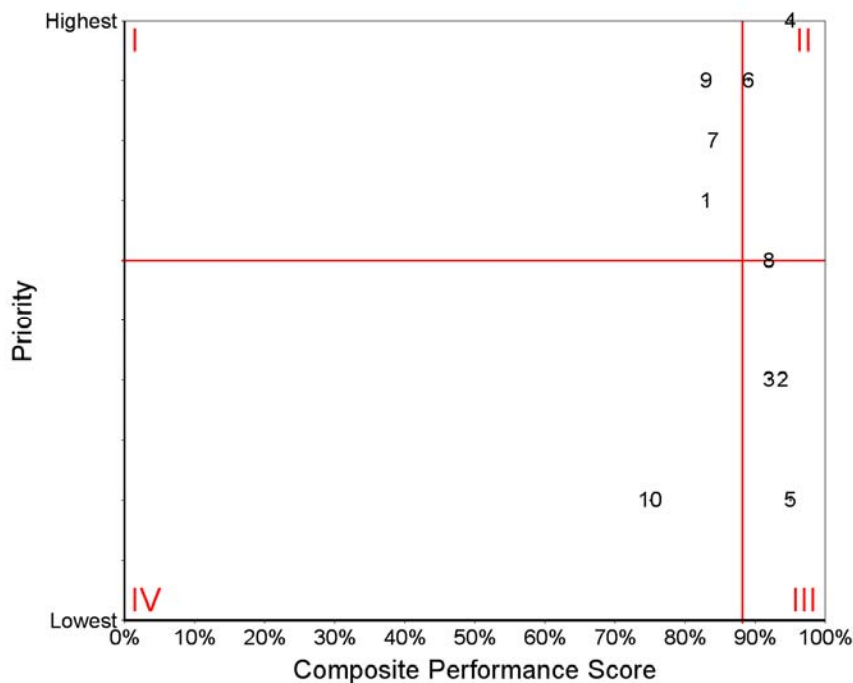
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.

Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.

Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 3.

Figure 7: Scatter plot of Essential Service scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.
- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (<http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf>).
- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (<http://www.cdc.gov/NPHPSP/generalResources.html>) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.
- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;
- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.
- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (<http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html>) for more information.
- **Public Health Improvement Resource Center at the Public Health Foundation** - This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.
- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.